2600 INTERNAL TRANSFER REQUEST FOR S.N.

ii caj	/		
891	82	84	57

DATE: 10/9/01	FROM: T- John	nson	(print name)
FORWARD TO:  A. Art Unit: 2672  B. Class: 3215  C Subclass: 619  FURTHER EXPLANATION IF NEED  graph: process:	REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):  ED:  the  special	(check box) (check box) (check box)	explosian.
DATE:	FROM:		(print name)
FORWARD TO: A. Art Unit: B. Class: C Subclass: FURTHER EXPLANATION IF NEED	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box)	
DATE:	FROM:		(print name)
FORWARD TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract	(check box) (check box)	
	D. See Claim(s):	<u></u>	
RTHER EXPLANATION IF NEEDS	D. See Claim(s):		
	ED:		
DISPOSITION BY 2700 CLASS	ED:		

FURTHER EXPLANATION IF NEEDED: